

Grant Application _____

Department of Criminal Justice Services, 202 N. Ninth Street, Richmond, Virginia 23219

Grant Program:	Virginia Sexual and Domestic Violence Victim Fund		
Applicant:			
Applicant Federal ID Number:			
Jurisdiction(s) Served and Zip Codes:			
Program Title:			
Grant Period:			
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Grant Number _____ <input type="checkbox"/> One-Time Initiative	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban	

	Project Director	Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-Mail:			

Signature of Project Administrator:

Brief Project Description:

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Project Budget	DCJS Funds		Local Match	Total Requested
	Federal	State		
Personnel	XXXXXXXXXXXX		XXXXXXXXXXXX	
Consultants	XXXXXXXXXXXX		XXXXXXXXXXXX	
Travel	XXXXXXXXXXXX		XXXXXXXXXXXX	
Equipment	XXXXXXXXXXXX		XXXXXXXXXXXX	
Supplies/Other	XXXXXXXXXXXX		XXXXXXXXXXXX	
Indirect Costs	XXXXXXXXXXXX		XXXXXXXXXXXX	
Total Requested	XXXXXXXXXXXX		XXXXXXXXXXXX	